

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=63-010648**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS SUB

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1444

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. <b>FILED APR 1 1963</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Butler</b>		a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff</b>		c. CITY OR TOWN <b>St. Charles</b>	
Length of stay in 1b <b>3 Months</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Doctor's Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>Route # 2</b>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <b>THOMAS</b> Middle <b>ANDREW</b> Last <b>RANDEL</b>		Month <b>March</b> Day <b>20</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-11-1910</b>
9. AGE (last birthday) <b>53</b>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>- - - - -</b>	
11. BIRTHPLACE (City and state or country) <b>Ripley County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Omer Randel</b>		13b. MOTHER'S MAIDEN NAME <b>Clyde Moore</b>	
14. NAME OF HUSBAND OR WIFE <b>Freda Randel</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)	
<b>No</b>		<b>None</b>	
16. SOCIAL SECURITY NO. <b>71</b>		17. INFORMANT <b>Freda Randel Poplar Bluff, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Asphyxiation</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Cardiac failure</b>			
DUE TO (b) <b>Metastatic spread Adenocarcinoma Breast</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>2-15-63</b> to <b>3-20-63</b> and last saw him alive on <b>3-20-63</b>			
Death occurred at <b>7:45 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>M. D.</b>	22b. ADDRESS <b>Poplar Bluff, Missouri</b>	22c. DATE SIGNED <b>3-22-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3-22-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Gardens</b>	23d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Mo.</b>
24. FUNERAL DIRECTOR <b>Greer Croy &amp; Fitch Poplar Bluff, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>3/29/1963</b>	26. REGISTRAR'S SIGNATURE <b>Thelma Graham</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

APR 3 1963

JAN 23 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by James Gray Lopez, Student Embalmer No. 687  
working under my personal supervision.

Student

James Gray Lopez  
Signature of Student Embalmer

Signed

Wallace N Fitch

Licensed Embalmer No.

3859

P. O. Address

Boyle Bluff Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.